

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

RECEIVED
By Carol Day at 9:39 am, Apr 11, 2014

## INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

4677X					REFORT #5	
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35						
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.						
INTOX EC/IR II SN 12690	NAME OF AGENCY	NITAR DRAM	DATE OF INSPECTION			
	BLUE SPRINGS PO	DLICE DEPT	03/26/2014			
LOCATION OF INSTRUMENT (STREET AND CITY	•		TIME OF INSPECTION			
1304 W. MAIN ST. BLUE SPRINGS,			18:12 CDT			
CHECKLIST: Place a mark in the box						
established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.						
X DIAGNOSTIC RECORD						
X BLANK CHECK X CO2 CHECK						
X FC 1 TEMP X FLOW CHECK						
X SRC TEMP X FCB CHECK						
X DET TEMP X CRC COMP CHECK						
X BT TEMP X CRC CAL CHECK						
X STD 2 TEMP		X PRINT TEST				
X ETH CHECK						
BREATH ANALYZER ACCURACY STANDA	PDS			<del></del>		
X STANDARD SUPPLIER Intoximeters LOT# AG324802 EXP. DATE 09/05/2015			2015			
SIMULATOR TEMP (34°C ±0.2°C)	SIMULA	ATOR S/N	SIMULATOR EXP	DATE		
X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)						
Run three tests using a standard solution. All three tests must be within +5% of the standard value						
and must have a spread of .005 or less. Mark the box corresponding to the standard solution being						
used. (PRINTOUT ATTACHED)						
X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE						
0.04% STANDARD - MUST READ						
TEST 1 · 0.100 g/210L	TEST 2 17 0.100	g/210L TEST 3 * 0.100 g/210L				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS 1 004 0	.0509 1	.1014 0	.1519 1	OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTE	RATION OR MODIFICATION	THAT WAS MADE TO RE	STORE THE INSTRUMENT	TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED LI	MITS (USE OTHER SIDE I	EF NECESSARY).				
BA MOVED FROM GHQ TO NEW LocaTion						
INSPECTING OFFICER						
SIGNATURE	antika maja menerakan dari	PRINT FULL NAME		and Sand		
► St. R.W. Smelian		GONDRAN, RONALD				
	FION DATE	TELEPHONE NUMBER				
230185 09/04	1/2015	(816)228-0150				
RETURN COMPLETED REPORT TO	) THE:					
Breath Alcohol Program, Missouri Department of Health and Senior Services,						
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901						



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 9-Sep-2013

Lot # AG324802

Exp. Date 5-Sep-2015 Cyl. Type

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:** 

NDIR

Digitally signed by Quality Control Date: 2013.09.09 13:39:42-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marcala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01